SYVERSON LUTHERAN HOME

816 PORTER AVENUE

EAU CLAIRE 54701 Phone: (715) 832-164	4	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/02):	114	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	115	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	110	Average Daily Census:	111
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)				
Home Health Care	No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	32.7
Supp. Home Care-Personal Care	No					1 - 4 Years	50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.5	More Than 4 Years	17.3
Day Services	No	Mental Illness (Org./Psy)	42.7	65 - 74	4.5		
Respite Care	No	Mental Illness (Other)	2.7	75 - 84	27.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	9.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	5.5		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	17.3	65 & Over	94.5		
Transportation	No	Cerebrovascular	5.5			RNs	18.2
Referral Service	No	Diabetes	2.7	Sex	ଚ	LPNs	3.5
Other Services	No	Respiratory	1.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	18.2	Male	20.9	Aides, & Orderlies	51.6
Mentally Ill	No	I		Female	79.1		
Provide Day Programming for		T.	100.0				
Developmentally Disabled	No	I			100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	<u> </u>		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	o/o	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	2	20.0	275	0	0.0	0	0	0.0	0	1	2.9	158	0	0.0	0	0	0.0	0	3	2.7
Skilled Care	8	80.0	275	62	93.9	108	0	0.0	0	33	97.1	140	0	0.0	0	0	0.0	0	103	93.6
Intermediate				4	6.1	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		66	100.0		0	0.0		34	100.0		0	0.0		0	0.0		110	100.0

************************* Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02

Deaths During Reporting Period							
bodono buring nopororny rorrow				9	Needing		Total
Percent Admissions from:		Activities of	90	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	1.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.5	Bathing	2.7		79.1	18.2	110
Other Nursing Homes	4.6	Dressing	11.8		71.8	16.4	110
Acute Care Hospitals	87.2	Transferring	31.8		62.7	5.5	110
Psych. HospMR/DD Facilities	0.0	Toilet Use	24.5		50.9	24.5	110
Rehabilitation Hospitals	0.0		68.2		21.8	10.0	110
Other Locations	0.9	* * * * * * * * * * * * * * * * * * *	******	******	******	*****	******
Total Number of Admissions	109	Continence		%	Special Treat	ments	90
Percent Discharges To:		Indwelling Or Exterr	nal Catheter	3.6	Receiving R	espiratory Care	6.4
Private Home/No Home Health	36.4	Occ/Freq. Incontiner	nt of Bladder	60.9	_	racheostomy Care	0.0
Private Home/With Home Health	12.1	Occ/Freq. Incontiner	nt of Bowel	32.7	Receiving S	uctioning	0.0
Other Nursing Homes	1.9				Receiving O	-	0.0
Acute Care Hospitals	15.9	Mobility			Receiving T	ube Feeding	0.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.7	Receiving M	Mechanically Altered Die	ts 27.3
Rehabilitation Hospitals	0.0						
Other Locations	2.8	•			Other Residen	t Characteristics	
Deaths	30.8	With Pressure Sores		3.6	Have Advanc	e Directives	90.0
Total Number of Discharges		With Rashes		0.9	Medications		
(Including Deaths)	107	I			Receiving P	sychoactive Drugs	53.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	Non	profit	100	-199	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	8	90	Ratio	90	Ratio	%	Ratio	90	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	96.5	87.5	1.10	85.7	1.13	85.3	1.13	85.1	1.13	
Current Residents from In-County	87.3	79.3	1.10	81.9	1.07	81.5	1.07	76.6	1.14	
Admissions from In-County, Still Residing	28.4	21.8	1.31	20.1	1.42	20.4	1.39	20.3	1.40	
Admissions/Average Daily Census	98.2	124.6	0.79	162.5	0.60	146.1	0.67	133.4	0.74	
Discharges/Average Daily Census	96.4	129.0	0.75	161.6	0.60	147.5	0.65	135.3	0.71	
Discharges To Private Residence/Average Daily Census	46.8	50.5	0.93	70.3	0.67	63.3	0.74	56.6	0.83	
Residents Receiving Skilled Care	96.4	94.7	1.02	93.4	1.03	92.4	1.04	86.3	1.12	
Residents Aged 65 and Older	94.5	96.2	0.98	91.9	1.03	92.0	1.03	87.7	1.08	
Title 19 (Medicaid) Funded Residents	60.0	56.7	1.06	63.8	0.94	63.6	0.94	67.5	0.89	
Private Pay Funded Residents	30.9	32.8	0.94	22.1	1.40	24.0	1.29	21.0	1.47	
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1	0.00	
Mentally Ill Residents	45.5	35.5	1.28	37.0	1.23	36.2	1.26	33.3	1.36	
General Medical Service Residents	18.2	23.8	0.77	21.0	0.86	22.5	0.81	20.5	0.89	
Impaired ADL (Mean)	43.8	50.4	0.87	49.2	0.89	49.3	0.89	49.3	0.89	
Psychological Problems	53.6	54.7	0.98	53.2	1.01	54.7	0.98	54.0	0.99	
Nursing Care Required (Mean)	4.9	6.9	0.71	6.9	0.71	6.7	0.72	7.2	0.68	